

ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF 1	
<small>Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.</small> PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.									
1. CONTRACT/PURCH ORDER NO. SPO60098D4585		2. DELIVERY ORDER NO. Q2F8		3. DATE OF ORDER (YYMMDD) 00MAY04		4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE		5. PRIORITY A8A	
6. ISSUED BY DIRECTORATE OF CONTRACTING 30 N WOLFE AVE AFFTC/PK EDWARDS AFB CA 93524-6351 CINDY FERRER (661)277-9567				7. ADMINISTERED BY (If other than 6) SEE BLOCK 9		8. DELIVERY FOR <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER <small>(See Schedule if other)</small>			
9. CONTRACTOR NAME AND ADDRESS EAGLE AVIATION INC 1845 AIRPORT RD KALISPELL MT 59901-7501				10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 00MAY10		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED			
14. SHIP TO CODE FP2805 FUELS MANAGEMENT OFFICER MRK FOR: FP2805 SPO600 98D4584Q2F8 MARK FOR FP2805SPO60098D4584 M/F SEE SCHEDULE EAFB CA 93524-6570				15. PAYMENT WILL BE MADE BY CODE F72300 DFAS-SB OPERATING LOCATION MRK FOR: FP2805 SPO600 98D4584Q2F8 1111 E MILL STREET SAN BERNARDINO CA 92408-1621				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY <input checked="" type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. TYPE OF ORDER PURCHASE <input type="checkbox"/> Reference your <input type="checkbox"/> furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: _____									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE 98X4930.FC01 61 672300									
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
1	GASOLINE, UNLEADED REGULAR, TT W/PUMP INTO 2/25,000 AND 3/10,000 GAL TANKS AT THE BUILDING SPECIFIED IN ORDER OXYGENERATED FUEL USED UNTIL FEB 1993. DETENTION CHARGES:\$70.00 PER HOUR NO FREE TIME IN EXCESS OF ONE HOUR. THIS ORDER IS FOR DELIVERY TO BLDG 8409, ON 03 MAY 00, ITEM NO. 786-08, CALL NO. Q2F8. THE PRICE INCLUDES TAXES OF .184 AND CA TAX OF .18. THIS ORDER IS FOR PAYMENT PURPOSES ONLY. VARIATION 10%				8700	GA	\$1.39	\$12,067.77	
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA <i>Cathi D Cleveland</i> 5 May 00 BY <i>CATHI D CLEVELAND</i> CONTRACTING/OPERATING OFFICER		25. TOTAL \$12,067.77		
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____					27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		29. DIFFERENCES
30. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		30. INITIALS
37. RECEIVED AT					38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS
41. S/R ACCOUNT NUMBER					42. S/R VOUCHER NO.		33. AMOUNT VERIFIED CORRECT FOR		
34. CHECK NUMBER					35. BILL OF LADING NO.				